**Patient Advisory and Acknowledgment**

**Receiving Dental Treatment During the Covid-19 Pandemic**

Dear Patient:

You have come to our office today for a routine dental evaluation and/or treatment that will be done during the COVID-19 pandemic. Please be advised of the following:

While our office complies with State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.

Our staff are symptom-free and to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients), could be infected, with or without their knowledge.

In order to reduce the risk of spreading COVID-19, we have asked you a number of “screening” questions below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

Patient/Responsible Party: Date:

**Please answer “yes” or “no” with your initials, to the following questions:**

Are you currently awaiting the results of a Covid-19 test? Yes No

Do you have a fever? Yes No

Do you have any shortness of breath? Yes No

Do you have a Dry Cough? Yes No

Do you have a runny nose? Yes No

Do you have a sore throat? Yes No

Do you have sneezing, watery eyes, and/or sinus pain/pressure?

that is unusual and not related to seasonal allergies? Yes No

Have you experienced headaches, fatigue or weakness Yes No

Have you lost your sense of taste and/or smell? Yes No

Within the last 14 days, have you travelled to any foreign country? Yes No

If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been fully vaccinated against Covid-19? Yes No

If so, how long since you were fully vaccinated? ­­­­­­

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